


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L98000001777 1. Entity Name MCCUE & MCCUE P.L. |  |
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| Principal Place of Business 2929 E COMMERCIAL BLVD STE 507 FORT LAUDERDALE, FL 33308 | Mailing Address 2929 E COMMERCIAL BLVD STE 507 FORT LAUDERDALE, FL 33308 |
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 65-0856774 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MCCUE, CHRISTIAN A 2929 E COMMERCIAL BLVD STE 507 FORT LAUDERDALE, FL 33309 | DO NOT WRITE IN THIS SPACE |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Christian A. McCue CHRISTIAN A. MCCUE 3/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MCCUE, CHRISTIAN A 2929 E COMMERCIAL BLVD STE 507 FORT LAUDERDALE, FL 33308 |
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03/07/05-80088-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Christian A. McCue CHRISTIAN A. MCCUE 3/4/05 954 938 9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #